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APPLICATION FOR STATE OF ILLINOIS CRAFT BREWER'S LICENSE

DEFINITION: A "craft brewer" is a licensed brewer or licensed non-resident dealer who manufactures up to 930,000 gallons of beer per year and who may make sales and deliveries to importing distributors and distributors and to retail licensees in accordance with the conditions set forth in paragraph (18) of subsection (a) of Section 3-12 of this Act.

☐ CRAFT BREWER'S LICENSE

FEE: \$25.00

A "craft brewer" is a licensed brewer or licensed non-resident dealer who manufactures up to 930,000 gallons of beer per year and who may make sales and deliveries to importing distributors and distributors and to retail licensees in accordance with the conditions set forth in paragraph (18) of subsection (a) of Section 3-12 of this Act. **SUPPORTING DOCUMENTS REQUIRED:**

- 1) ****REQUIRED** COPY OF CURRENT STATE OF ILLINOIS MANUFACTURER'S (BREWER'S) LIQUOR LICENSE OR, FOR OUT-OF-STATE BREWERIES, COPY OF CURRENT STATE OF ILLINOIS NON-RESIDENT DEALER'S LICENSE AND CURRENT OUT-OF-STATE STATE MANUFACTURER'S (BREWER'S) LIQUOR LICENSE,**
- 2) **COPY OF ALL FEDERAL LABEL APPROVAL(S). (Note: All products must be registered with the Commission prior to, or with, this application).**
- 3) **A TAX BOND IS REQUIRED. IF YOU HAVE SUBMITTED A BOND PREVIOUSLY, PLEASE CONTACT ILLINOIS DEPT. OF REVENUE AT 217-782-6045 TO CONFIRM THAT YOU HAVE COMPLIED WITH BOND REQUIREMENTS.**
- 4) **COMPLETED REGISTRATION STATEMENT (IL567-0014).**
- 5) **COPY OF YOUR FEDERAL BREWER'S NOTICE (Visit the Federal Tax and Trade Bureau's website at www.ttb.gov to download a copy or call 1-877-882-3277 for further info);**

FOR OFFICE
USE ONLY

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

COUNTER ☐

Application for State of Illinois Craft Brewer's Liquor License

1. APPLICANT - CORPORATE INFORMATION

If you want your renewal application, your license certificate and other ILCC correspondence sent to your "corporate" address, please check this box. ☐

A. CURRENT ILLINOIS LIQUOR LICENSE NUMBER

If applicable, enter your current Illinois Liquor License number in the box below. Current licensee: Please ensure all your brands/products are registered in the State of Illinois. If your brands are not properly registered, please complete the attached Registration Statement and attach copies of your federal label approvals.

ILLINOIS LIQUOR LICENSE # (IF APPLICABLE)

B. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) AND ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER)

Enter the nine-digit **Federal Employer Identification Number (FEIN)** in the box below. If you need to obtain an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need. Enter the eight-digit **Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number**. **YOU MUST HAVE BOTH OF THESE NUMBERS IN ORDER FOR A LICENSE TO BE ISSUED.** If you need to obtain this number, visit www.tax.illinois.gov and click on the "Businesses", and then the "Business Registration." If you have any questions, call 217-785-3707.

FEIN #

ILLINOIS BUSINESS TAX #

C. TELEPHONE

Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.

AREA CODE/TELEPHONE NO.

()

EXT.

D. ILLINOIS COUNTY

Enter the Illinois county where the sole proprietorship, corporation, etc. is located. If outside of Illinois, enter "out-of-state."

ILLINOIS COUNTY (ENTER "OUT-OF-STATE" IF OUTSIDE ILLINOIS)

E. NAME

Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. **NOTE: This name must be consistent with the name printed on your federal basic permit.**

NAME

F. ADDRESS

Enter the street address, city, state, and Zip Code of the sole proprietorship, corporation, etc..

ADDRESS

CITY

STATE

ZIP CODE

2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

- A. ☐ ASSUMED NAME DATE FILED WITH COUNTY CLERK: _____
- B. ☐ PARTNERSHIP DATE OF FORMATION: _____
- C. ☐ ILLINOIS CORPORATION DATE OF INCORPORATION: _____
- D. ☐ FOREIGN CORPORATION STATE OF INCORPORATION: _____ DATE QUALIFIED TO DO BUSINESS IN ILLINOIS: _____
- E. ☐ LIMITED LIABILITY COMPANY DATE FORMED: _____

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided by every individual applicant, sole proprietor, partner, corporate officer, managing member, manager, or agent of the business, and any person owning equal to or more than 5% of the business. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. **All Not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers.**

Percentage ownership should equal 100%. If there are a number of owners with less than 5% ownership, indicate the aggregate total of ownership under E.

A.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				()		

B.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				()		

C.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				()		

D.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				()		

E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST _____ %

4. SELF-DISTRIBUTION EXEMPTION ELIGIBILITY QUESTIONS:

1. ☐ YES ☐ NO DOES APPLICANT HAVE AN ACTIVE STATE OF ILLINOIS MANUFACTURER'S BREWER'S LICENSE OR NON-RESIDENT DEALER'S LIQUOR LICENSE? IF THE ANSWER IS "YES" PLEASE PROVIDE STATE OF ILLINOIS LIQUOR LICENSE NUMBER BELOW:
- License Number: _____
2. ☐ YES ☐ NO HOW MANY GALLONS/BARRELS OF BEER DID THE APPLICANT OR AFFILIATE MANUFACTURE FROM ALL MANUFACTURING LOCATIONS DURING THE PREVIOUS 12 MONTHS?
- Please provide total here: _____ gallons/barrels (circle one)
3. ☐ YES ☐ NO HOW MANY GALLONS/BARRELS OF BEER DOES THE APPLICANT OR AFFILIATE EXPECT TO MANUFACTURE FROM ALL MANUFACTURING LOCATIONS IN THE NEXT 12 MONTHS?
- Please provide total here: _____ gallons/barrels (circle one)
4. ☐ YES ☐ NO DOES APPLICANT/AFFILIATE MANUFACTURE ANY OTHER ALCOHOLIC LIQUOR OTHER THAN BEER?
5. ☐ YES ☐ NO DOES THE APPLICANT/AFFILIATE HOLD A BREW PUB (OR SIMILAR) LICENSE PERMITTING THE SALE OF BEER THAT THE APPLICANT/AFFILIATE DOES NOT MANUFACTURE?
6. ☐ YES ☐ NO DID APPLICANT MAKE AN ATTEMPT TO NEGOTIATE AN AGREEMENT FOR YOUR BEER TO BE SOLD TO AN INDEPENDANT DISTRIBUTOR? IF "YES" PLEASE LIST THEM BELOW:

NAME OF DISTRIBUTOR	CONTACT PERSON	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE PROVIDE THE DATE THE BREWERY WAS ESTABLISHED: _____

ANNUAL PRODUCTION LEVELS FOR PAST 10 YEARS:

YEAR	TOTAL GALLONS/BARRELS	YEAR	TOTAL GALLONS/BARRELS
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____
5. _____	_____	6. _____	_____
7. _____	_____	8. _____	_____
9. _____	_____	10. _____	_____

I swear, under penalty of perjury, that neither I nor any affiliate, have ever manufactured 465,000 (15,000 barrels) or more gallons of beer or any other alcoholic beverage in any consecutive 12 month period (this includes combined production capacity from multiple manufacturing venues if applicable).

I swear, under penalty of perjury, that I will not self distribute 232,500 (7,500 barrels) gallons or more of beer to licensed retailers in any consecutive 12 month period.

I swear, under penalty of perjury, that I have attempted to establish a relationship with an independent distributor through which my beer may be sold, but I have been unsuccessful in that attempt.

I swear, under penalty of perjury, that a self-distribution exemption is necessary to facilitate the marketing of my beer and I will comply with the alcoholic beverage and revenue laws of the United States, this State, and any other state where I am licensed.

PRINT FULL NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE
_____	_____	_____

5. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Question 3. These questions **MUST** be answered. **IF THE QUESTIONS ARE NOT CHECKED, THE APPLICATION WILL BE REJECTED.** If any question is checked "yes", a written, detailed explanation is required and must be attached to this application.

- 6-18 ☐ YES ☐ NO ARE YOU DELINQUENT IN THE PAYMENT OF ANY ILLINOIS BUSINESS TAXES (SALES, WITHHOLDING, ETC.)?
- 6-22 ☐ YES ☐ NO HAVE YOU EVER APPLIED FOR AND BEEN DENIED A LIQUOR LICENSE?
- 6-23 ☐ YES ☐ NO HAVE YOU HAD ANY PREVIOUS LIQUOR LICENSE REVOKED?
- 6-24 ☐ YES ☐ NO HAVE YOU EVER BEEN CONVICTED OF A FELONY?
- 6-25 ☐ YES ☐ NO HAVE YOU EVER BEEN CONVICTED OF A GAMBLING OFFENSE AS DEFINED UNDER SECTION 5/6-2 OF THE ACT WHICH INCLUDES OFFENSES ENUMERATED IN 720 ILCS 5/28-1(a)1-11, "GAMBLING;" 720 ILCS 5/28-1.1(a)-(d) "SYNDICATED GAMBLING;" AND 720 ILCS 5/28-3 "KEEPING A GAMBLING PLACE"?

6. HOURS OF OPERATION

List the daily hours open for business. This information will assist Commission field agents in choosing an inspection time which causes the least disruption to the business.

MON	TUES	WED	THURS	FRI	SAT	SUN

7. MANUFACTURER'S REGISTERED AGENT REQUIREMENTS

If you have agents, representatives or persons acting on your behalf in Illinois that sell or discuss pricing terms of alcoholic liquor, you are required to register each of these individuals by submitting forms IL 567-0053 "Application for Registration - Manufacturer's Registered Agent" and IL 567-0054 "Statement of Representation - Registration of Manufacturer's Agent".

8. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, a partner or an officially authorized agent of the business. The signature must be an original, rubber stamps are not accepted.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION. (NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 3, THEY MUST PROVIDE THE STATE WITH THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 3 EVEN IF THEY DO NOT OWN 5% OR MORE OF THE BUSINESS.)

SIGNATURE OF APPLICANT/AUTHORIZED AGENT

TITLE/POSITION

DATE

(Illinois Compiled Statutes, Chapter 235)

Pursuant to the requirement of Section 5/6-9 of the Illinois Liquor Control Act the undersigned, a

does hereby register with said Commission the following named persons or companies as being the only ones to whom the undersigned has granted the right to sell or distribute at wholesale within the State of Illinois, one or more of those alcoholic liquors which bear trade-marks, brands or names owned or controlled by the undersigned. The undersigned does hereby further register opposite the name of said persons or companies, the respective trademarks, brands or names, owned or controlled by the undersigned, concerning which said persons have been given such distributing rights and the respective geographical territories for which such distributing rights have been given to said persons or companies, and the period of time for which such rights are granted to such person.

[illegible]

Failure to provide any information will result in nonissuance of your license and/or nonregistration of your products. This form has been approved by the Forms Management Center.

STATE LICENSE # _____ EXP. DATE _____

**Please mail one of the below bonds WITH your application to:
ILCC, 100 W. Randolph St, Suite 7-801, Chicago, IL 60601**

Directions for completing bond forms

NOTE: You must complete ONE of the following:

- 1) REG-4-A (Financial Responsibility Bond); and**
- 2) REG-4-D (Financial Institution Irrevocable Letter of Credit Bond)**
- 3) RL-1 (Liquor Tax Statement of Liability)**

You must provide this information to the bank or insurance company that will be providing your bond. A separate bond is required for each location. You will not be issued a certificate of registration and cannot be legally registered to do business in Illinois until we receive your bond. Your bond can be in the form of:

1) Insurance bonds (Form REG-4-A):

Form REG-4-A, Financial Responsibility Bond, must be completed entirely by your insurance company. Your business' name and address must be identical to the information you have registered with us. The insurance company issuing your bond must:

- Sign;
- Stamp their insurance seal;
- Assign a bond number; and
- If applicable, attach their power of attorney stating the attorney-in-fact's name.

All of your business' owners, officers, or partners must sign the bond. If you are a corporation, the president and secretary must sign the bond. You must also affix your corporate seal. **Note:** The original bond and power of attorney must be sent to us.

2) Letter of Credit (Form REG-4-D):

Form REG-4-D, Financial institution Irrevocable Letter of Credit Bond, must be completed entirely by your bank if you are providing a bank letter of credit. Your business' name and address must be identical to the information you have registered with us. The bank issuing your letter of credit must:

- Stamp their bank seal; and
- Send to us the original bank letter of credit containing the seal.

Note: The Letter of Credit must be signed by an authorized officer of the banking institution.

3) Certificates of Deposit (Form RL-1):

Any bank may issue you a Certificate of Deposit to satisfy your bond requirements. A Certificate of Deposit must:

- Be made payable to the Director, Illinois Department of Revenue;
- State that the Certificate of Deposit is automatically renewable;
- Have a maturity date of 12 months or less;
- Have your business' name and identification number (i.e. FEIN or Social Security number).

If you prefer, you can send us a cashier's check (minimum amount of \$1,000.00 made payable to "Illinois Dept. of Revenue") and we will purchase the Certificate of Deposit for you. Please complete form RL-1 if you are submitting a cashier's check. NOTE: The original Certificate of Deposit must be sent to us, receipts are not acceptable.

Tax Rates:

- 18.5 cents per gallon for beer or cider with an alcohol content of 0.5 percent to 7.0 percent;
- 73 cents per gallon for alcoholic liquor other than beer with an alcohol content of 14 percent or less (includes wine coolers and wine spirits);
- 73 cents per gallon for alcoholic liquor with an alcohol content of more than 14 percent and less than 20 percent;
- \$4.50 per gallon for alcoholic liquor with an alcohol content of 20 percent or more.

Questions about Tax Bonds? Please call 217-782-6045.

You must provide this information to the bank or insurance company that will be providing your bond. A separate bond is required for each location. You will not be issued a certificate of registration and cannot be legally registered to do business in Illinois until we receive your bond. Your bond can be in the form of a

Insurance bonds:

Form REG-4-A, Financial Responsibility Bond, must be completed entirely by your insurance company. Your business, name and address must be identical to the information you have registered with us. The insurance company issuing your bond must

- ☐ sign;
- ☐ stamp their insurance seal;
- ☐ assign a bond number; and
- ☐ if applicable, attach their power of attorney stating the attorney-in-fact's name.

All of your business' owners, officers, or partners must sign the bond. If you are a corporation, the president and secretary must sign the bond. You must also affix your corporate seal. **Note:** The original bond and power of attorney must be sent to us.

Letter of Credit:

Form REG-4-D, Financial Institution Irrevocable Letter of Credit Bond, must be completed entirely by your bank if you are providing a bank letter of credit. Your business' name and address must be identical to the information you have registered with us . The bank issuing your letter of credit must

- ☐ stamp their bank seal; and
- ☐ send to us the original bank letter of credit containing the seal.

Note: The Letter of Credit must be signed by an authorized officer of the banking institution.

Certificates of Deposit:

Any bank may issue you a Certificate of Deposit to satisfy your bond requirements. A Certificate of Deposit must

- ☐ be made payable to the Director, Illinois Department of Revenue;
- ☐ state that the Certificate of Deposit is automatically renewable;
- ☐ have a maturity date of 12 months or less; and
- ☐ have your business' name and identification number (*i.e.*, Federal Employer's Identification number (FEIN) or Social Security number).

If you prefer, you can send us a cashier's check and we will purchase the Certificate of Deposit for you.

Note: The original Certificate of Deposit must be sent to us, receipts are not acceptable.



REG-4-A

Financial Responsibility Bond

Part 1: Financial responsibility bond type and number

a Bond type:

b Financial responsibility bond number: _____

Part 2: Taxpayer and financial institution information

We, _____ (as principal)
Taxpayer's name and address

and

Name and address of surety (as surety)

are bound to the people of the State of Illinois in the penal sum of \$_____. We hereby bind ourselves, our heirs, executors, administrators, successors, and assigns to the payment of this amount.

The condition of this bond is that if the principal (taxpayer) identified above, who has applied for the tax responsibility (bond type) identified above, in Part 1, pays to the Illinois Department of Revenue (IDOR) all amounts becoming due from the principal (taxpayer) under this law, then the bond will become void; otherwise, the bond will remain in full force.

The surety identified above may conditionally cancel this bond at any time by filing a written notice with IDOR by registered or certified mail within _____ days. However, the surety is not discharged from any liability previously accrued under this bond or that may accrue before the _____ days expires.

Part 3: Financial responsibility bond signatures and seal requirements

We have signed and sealed this bond on _____, to be effective _____.
You must attach a power of attorney.

(Principal's seal)

(Surety's seal)

Principal's (taxpayer) signature

Surety's signature

Attorney-in-fact's signature

President's or co-partner's signature

Countersigned by

Corporate secretary's signature

Agent for surety

Number and street

City

State

ZIP

For official use only

Date approved: ____/____/____
Month Day Year

IDOR Director's signature

License number: _____



Financial Institution Irrevocable Letter of Credit Bond

Part 1: Financial institution letter of credit bond type and number**a** Bond type: _____**b** Financial institution irrevocable letter of credit number: _____**c** Bond amount: \$ _____

Part 2: Taxpayer and financial institution information**Taxpayer:****Financial institution:**

Name _____ Name _____

Street address _____ Street address _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

Part 3: Effective and maturity date of bondEffective date: _____
Month Day YearMaturity date: _____
Month Day Year

Part 4: Bond conditions

If the taxpayer identified above, in Part 2, fails to pay the Illinois Department of Revenue (IDOR) all moneys, including penalties and interest, due under this bond type's tax act, IDOR is authorized to draw drafts on demand against this irrevocable letter of credit. The sum of this irrevocable letter of credit cannot exceed the bond amount above, in Part 1, and drafts drawn against it are payable on demand. This letter of credit is issued for a period of **one** year and will be renewed automatically for successive **one** year periods unless IDOR receives a written notice of cancellation 30 days prior to the maturity date.

Part 5: Financial institution officer information

The undersigned officer of the financial institution identified above, in Part 2 is duly authorized by the Board of Directors to execute this irrevocable letter of credit; and this financial institution will honor all drafts on demand. The name of the authorized financial institution officer, title and signature are required.

Name: _____ Title: _____

Signature: _____

Part 6: Financial institution seal

The official seal of the financial institution must be affixed below.

For official use onlyDate approved: ____/____/____
Month Day Year_____
IDOR Director's signature

License number: _____



Illinois Department of Revenue

RL-1 Liquor Tax Statement of Liability

Read this information first: You must complete this form and submit it to us with your completed bond forms.

Step 1: Identify your business

Name: _____ IBT no. _____

DBA: _____

Address: _____
Number and street

City _____ State _____ ZIP _____

Step 2: Estimate your average monthly tax liability and bond amount

1 What is your estimated average monthly liquor tax liability? \$ _____

2 Multiply Line 1 by **two**. This is your bond amount. \$ _____

Note: The minimum bond amount is \$1,000 and the maximum amount is \$100,000.

Step 3: Sign below

If you have any questions, call us at **217 782-6997**.

Under penalty of perjury, I state that I have examined this form
and, to the best of my knowledge, it is true, correct, and complete.

Signature _____ Date _____

RL-1 (R - 05/08) IL-492-3536



SOY-BASE INK
RECYCLED PAPER